

FILED

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA

MAR 28 P 2:55

RICHARD W. WIEKING  
CLERK  
U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
CASE NO.

Plaintiff,

v.

Defendant.

PRISONER'S  
IN FORMA PAUPERIS  
APPLICATION

I, Deccan Smiley, declare under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: N/A Net: N/A

Employer: N/A

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

N/A none

2. Have you received, within the past twelve (12) months, any money from any of the following sources:

- a. Business, Profession or self employment Yes \_\_\_ No ☒  
b. Income from stocks, bonds, or royalties? Yes \_\_\_ No ☒

- c. Rent payments? Yes \_\_\_ No ☒
- d. Pensions, annuities, or life insurance payments? Yes \_\_\_ No ☒
- e. Federal or State welfare payments, Social Security or other government source? Yes \_\_\_ No ☒

If the answer is "yes" to any of the above, describe each source of money and state the amount received from each.

N/A

3. Are you married? Yes \_\_\_ No ☒

Spouse's Full Name: N/A

Spouse's Place of Employment: N/A

Spouse's Monthly Salary, Wages or Income:

Gross \$ N/A Net \$ N/A

4. a. List amount you contribute to your spouse's support:

\$ N/A none

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support:

None

5. Do you own or are you buying a home? Yes \_\_\_ No ☒

Estimated Market Value: \$ None Amount of Mortgage: \$ None

6. Do you own an automobile? Yes \_\_\_ No ☒

Make Wd Year Wd Model N/A

Is it financed? Yes \_\_\_ No ☒ If so, Total due: \$ N/A

Monthly Payment: \$ None

7. Do you have a bank account? (If you are a prisoner, include funds in your prison account, and provide the certificate attached, signed by an officer of the prison.)

Yes \_\_\_ No ☒

Name(s) and address(es) of bank: None

Present balance(s): \$ None

Do you own any cash? Yes \_\_\_ No ☒ Amount: \$ None

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.)

Yes \_\_\_ No ☒

8. What are your monthly expenses?

Rent: \$ None Utilities: None

Food: \$ None Clothing: None

Charge Accounts:

Name of Account	Total Owed On	
	Monthly Payment	This Account
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable.)

Restitution Balance <sup>omit</sup> ~~\$1,990.00~~ \$1,945.00  
Alameda County Beginning Balance \$2,000.00

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

3/27/08  
DATE

Debra Smiley  
SIGNATURE OF APPLICANT

REPORT ID: TS3030 .701

REPORT DATE: 03/25/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
SALINAS VALLEY STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU MAR. 25, 2008

ACCOUNT NUMBER : F28162

BED/CELL NUMBER: FCB4T1000000108U

ACCOUNT NAME : SMILEY, DERRAN

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

## TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
08/01/2007		BEGINNING BALANCE					0.00
08/20	FR01	CANTEEN RETUR	700551			3.90-	3.90
10/11	*DD30	CASH DEPOSIT	1037 6953		13.50		17.40
10/15	FC03	DRAW-FAC 3	1065 C5			17.40	0.00
11/07	FR01	CANTEEN RETUR	701273			17.40-	17.40
11/07	FC03	DRAW-FAC 3	1276 C5			17.40	0.00
11/27	*DD30	CASH DEPOSIT	1433 7089		9.00		9.00
12/14	FR01	CANTEEN RETUR	701588			17.40-	26.40
12/17	FC03	DRAW-FAC 3	1593 C-5			26.40	0.00
ACTIVITY FOR 2008							
01/14	FR01	CANTEEN RETUR	701813			5.25-	5.25
01/15	W516	LEGAL COPY CH	1846 LCOPY			5.25	0.00

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 05/12/06

CASE NUMBER: \*149560

COUNTY CODE: \*ALA

FINE AMOUNT: \$ 2,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
08/01/2007		BEGINNING BALANCE		1,970.00
10/11/07	DR30	REST DED-CASH DEPOSIT	15.00-	1,955.00
11/27/07	DR30	REST DED-CASH DEPOSIT	10.00-	1,945.00

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*  
\* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. \*

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	22.50	22.50	0.00	0.00	0.00

CURRENT  
AVAILABLE  
BALANCE

0.00

REPORT ID: TS3030 .701

REPORT DATE: 03/25/08

CALIFORNIA DEPARTMENT OF CORRECTIONS  
SALINAS VALLEY STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU MAR. 25, 2008

TOTAL NUMBER OF STATEMENTS PRINTED: 1

TOTAL CURRENT BALANCE FOR ALL THE STATEMENTS: 0.00

Seledad CA 93966-1066

[illegible]

LEGAL

[illegible]

Office Of The Clerk, U.S. District  
Northern District Of California  
280 South First Street, Room 2112  
San Jose, California 95113-3095

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MAILED FROM THE POST OFFICE

**\$00.58<sup>0</sup>**